

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/560,301

FILING DATE

12-12-05

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		2				
5	1					
6		1				
7		2				
8		2				
9		2				
10	1					
11		1				
12		2				
13		2				
14	1					
15		1				
16		2				
17		2	1			
18	1		1			
19		1		1		
20		2		1		
21		2		1		
22		2		1		
23		2		1		
24		2		1		
25	1		1			
26		1		1		
27		2		1		
28		2		1		
29	1		1			
30		1		1		
31		2		1		
32	1		1			
33		1		1		
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36		2		1		
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39	1		1			
40		1		1		
41		2		1		
42		2		1		
43			1			
44				1		
45				1		
46				1		
47				1		
48						
49						
50						
TOTAL IND.	9		6			
TOTAL DEP.	57	←	24	←		
TOTAL CLAIMS	66		30			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						